U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2, Fiscal Year Covered From:  01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KATHY	Name LOCAL 108, RWDSU, UFCW, AFL-CIO, CLC
	Labor Organization File Number 22233
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 15% Springfield Avenue	Street 1576 Springfield Avenue
City Mapilevood	City Map Lewood
State NU ZIP Code + 4 07040	State NJ ZIP Code + 4 07040
5, Position in labor organization. Recorder/Business A	gent

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an Interest In, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
.6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name OXIECTD COHEN, LUC (Union Attorneys)	?/?/2004 Dinner		
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 60 Park Dlace			
City Newark	<b>\$40</b> 00		
State X17 ZIP Code + 4 07102			

## Signature

15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanying		
understand in this teport introducing the internation defination at any accompanying	na an nanaltina in the includ	tions !
undersigned a Kilowiedge and belief, tide, correct, and complete. (See the secur	in our heugines ut tile misting	liviis.)
I affirm that I have made a good-faith effort	t to recall all	reportable transactions that
undersigned's knowledge and belief, true, correct, and complete. (See the section I affirm that I have made a good-faith effort occurred in #004. I have made an effort to re-	eport a reasonal	ole estimate of their value.
	8/11/05	(973) 762-7224 Ext#22
Signed all all all well	On Market Con	
KATHY K. CAMPBELL	Date	Telephone Number
MATHT W. CHANDODD		

8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Steel  City  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Steel  City  Streel  City  Streel  City  Table Name, if any:  P.O. Box, Bidg., Room No., if any  Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  D. Trust  S. Business deals with:  a. Labor Organization  T. B. Trust  Trade Name, if any:  Trade Name, if any:  Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  B. Trust  S. Business deals with:  a. Labor Organization  T. B. Trust  S. Business deals with:  B. Trust  S. Business deals with:  B. Labor Organization  C. Employer  I. La. Nature of such dealing.  Trade Name, if any:  Trade Name, if any:  Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  B. Trust  Trade Name, if any:  Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  B. Trust  Trade Name, if any:  Trade Name, if any:  Trade Name, if any:  Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  B. Trust  Trade Name, if any:  Trade Name, if any:  Trade Name, if any:  Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  Trade Name, if any:  Trade	Name Trade Name, if any:  P.O. Box, Bldg., Room No., If any	a. Labor Organization			
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Streat  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Streat  11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of Interest held or Income received.  12.b. Amount.  C. Received from any employer (other ihan an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  12.a. Nature of payment.  14.a. Nature of payment.  14.a. Nature of payment.  15. Nature of payment.  16. Trade Name, if any:  17. A. Nature of payment.	P.O. Box, Bldg., Room No., If any	*Maryound			
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Slate  ZIP Code + 4  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  12.b. Amount.  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name OXERED COMENT, LLC (Union Attorneys)  Trade Name, if any:	City The Code of t	There will			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  12.b. Amount.  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name OXEPTID COMPN, LLC (Uniton Attorrieys)  Trade Name, if any:	40 K 0 h oz 0 a la checked alve trust or employer's name.	11.a. Nature of such dealing.			
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City  State  2.a. Nature of interest held or income received.  12.b. Amount.  12.b. Amount.  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name OXPPLID COHEN; LLC (Union Attorneys)  Trade Name, if any:	Street Street	11.b. Approximate dollar value of such dealing.			
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Trade Name, If any:	13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Trade Name, If any:	Name OXFELD COHEN, LLC (Union Attorneys)	2/2/04 Dinner			
P.O. Box, Bldg., Room No., If any 6th Floor	Trade Name, If any:				
Street 60 Park Place	Street 60 Park Place				
City Newark	City Newark  State NU ZIP Code + 4 07102				

14.b. Amount of payment.

or Consultant

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13.b. Is the Business an Employer 🗶

\$40.00